

LED JUL 13 1942 791
Registration District No.

Primary Registration District No. **1003**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2820 Papin Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sadie Gaston

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race Color

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Lee Gaston

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased July 4th. 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>11</u>	<u>22</u> hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name George Fitzpatrick

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name (Unknown)

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Lee Gaston

(b) Address 2820 Papin Ave.

17. (a) Burial (b) Date thereof 6-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Brothers

(b) Address 3704 Finney Ave.

19. (a) JUN 30 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th.
year 1942 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Pulmonary Tuberculosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature Thomas H. Callahan (M.D. or other).....

Address Deputy Coroner Date signed.....

J. F. Budeck (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C McDaniel*
Licensed Embalmer No. *21751*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.